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Check if Amendment

## Professional Campaign Fundraiser **QUARTERLY REPORT**

## **NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

P.O. Box 185, Trenton, NJ 08625-0185 (609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov

Report Quarter
Apr. 15, <u>2020</u>
U Jul. 15,
Oct. 15,
Jan. 15,
Check If No Activity This Quarter
FOR STATE USE ONLY

**FORM FRQ** 

Registration # FR 33 1

PLEASE PRINT OR TYPE	Jan. 15,	
Name of Professional Campaign Fundraiser	Check If No Activity T	
Business Name Q	FOR STATE USE ONLY	
Business Address (Number & Street) (check if different than previously reported)  Business Address (City, State & Zip Code)	ELEC RECEIVED	
Day Telephone (with Area Code)*  Evening Telephone (with Area Code)*	APR - 3 2020	
Day Telephone (with Area Code)*  (009 (005 2040)  (009 (005 2040)		

## Professional Campaign Fundraiser's Certification

I certify that the statements on this document are true and correct. I am aware that if any of the statements on this document are willfully false, I may be subject to punishment.

Signature of Professional Campaign Fundraiser

Amendment (please specify)

4-1-2020

Date

Name of Professional Campaign Fundraiser

Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee							
Name of Recipient C	T/2-1-	e	مع اما مد	······································			
Amount(s) Raised TI \$ 15100 99 Specific Services Pro	nis Period (Gross)			Compensation Received By Fundraiser For This Periods \$ 205092			
Event pla	anne, cont	mbutor solicite	<u>, Võite</u>				
CONCOL	- IANCE LEVE	24 book Keepin	8	· · · · · · · · · · · · · · · · · · ·			
		Itemized Expe	enditures				
PAYMENT DATE		ME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT		
	None din	ectly from			\$ O.00		
-	Anysux	<b>a</b> n					
		•		•			
1							
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			<u>.</u>	•			
"Total" reflects all ex	penditures made on b	pehalf of the candidate or com	mittee na	med above. Total	(C),(CD)		